

FILED APR 15 1940

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I, X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **8823**  
Registrar's No. **2306**Registration District No. **791**Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

- (a) County St Louis  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Paul Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether

In this community  
years, months or days)

## 3. (a) PRINT

FULL NAME DONALD LLOYD Letcher

## 3. (b) If veteran,

name war ✓

## 3. (c) Social Security

No. ✓4. Sex male

## 5. Color or

race White

## 6. (a) Single, widowed, married,

divorced single6. (b) Name of husband or wife ✓

## 6. (c) Age of husband or wife if

alive ✓ years7. Birth date of deceased Nov 4 1935

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

442

hr. min.

9. Birthplace St Louis Mo

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation none

## 11. Industry or business

MOTHER FATHER

12. Name Lloyd Letcher13. Birthplace Mo Pleasant

(City, town, or county)

Mo

(State or foreign country)

14. Maiden name Mildred Horner15. Birthplace St Louis

(City, town, or county)

Mo

(State or foreign country)

16. (a) Informant Lloyd Letcher(b) Address 7129 Lindenwood Ave

## 17. (a)

(Burial, cremation, or removal)

(b) Date thereof Mar 9 1940

(Month)

(Day)

(Year)

(c) Place: burial or cremation Lake Charles Cem18. (a) Signature of funeral director James H. H. Co.(b) Address 3710 N Grand StMAR 8 1940

(Date received local registrar)

(Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

## (b) County

(c) City or town St Louis Mo

(If outside city or town limits, write "RURAL")

(d) Street No. 7129 Lindenwood Ave

(If rural, give location)

## (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March

day

year 1940

hour

8

minute

15 P. M.

## 21. I hereby certify, that I attended the deceased from \_\_\_\_\_

, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death 2nd + 3rd Degree Burns

Duration

of head face and chest and lower part of body sufficedDue to deceased's burned bodyafter fire broke uponhimself. About 12:00 noonMay 4 1940

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations 181Of autopsy 15

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence May 4 1940(c) Where did injury occur? St Louis Mo

(City or town)

(County)

(State)

(d) Did injury occur at or about home, on farm, in industrial place, in public place? At homeWhile at work No

(Specify type of place)

(e) Means of injury Scald23. Signature James H. H. Co.

(M. D. or other)

Address 3710 N Grand StSt Louis Mo5

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Registered Apprentice No.

Signed

*Robert L. Brinkman*

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**